

## State of Indiana 2007 Rates

Plan	Coverage	Bi-Weekly Employee	Bi-weekly Employer	Total	Monthly Rates - Direct Bill & Retirees	COBRA Monthly Rates	Annual Employee	Annual Employer	Annual Total
HDHP 1 - HSA*	Single	\$0.00	\$161.70*	\$161.70*	\$235.77	\$240.49	\$0.00	\$4,204.20*	\$4,204.20
	Family	\$0.00	\$444.66*	\$444.66*	\$734.26	\$748.95	\$0.00	\$11,561.16*	\$11,561.16
HDHP 2 - HSA**	Single	\$14.26	\$161.70**	\$175.96**	\$303.33	\$309.40	\$370.76	\$4,204.20**	\$4,574.96
	Family	\$36.88	\$444.66**	\$481.54**	\$887.50	\$905.25	\$958.88	\$11,561.16**	\$12,520.04
Anthem Trad II	Single	\$48.68	\$161.70	\$210.38	\$455.82	\$464.94	\$1,265.68	\$4,204.20	\$5,469.88
	Family	\$133.89	\$444.66	\$578.55	\$1,253.53	\$1,278.60	\$3,481.14	\$11,561.16	\$15,042.30
M-Plan II	Single	\$35.48	\$161.70	\$197.18	\$427.22	\$435.76	\$922.48	\$4,204.20	\$5,126.68
	Family	\$93.02	\$444.66	\$537.68	\$1,164.97	\$1,188.27	\$2,418.52	\$11,561.16	\$13,979.68
Welborn HMO	Single	\$18.53	\$161.70	\$180.23	\$390.49	\$398.30	\$481.78	\$4,204.20	\$4,685.98
	Family	\$51.50	\$444.66	\$496.16	\$1,075.01	\$1,096.51	\$1,339.00	\$11,561.16	\$12,900.16
Tri-Care Companion	Single	\$0.00	\$40.20	\$40.20	\$87.10	\$88.84	\$0.00	\$1,045.20	\$1,045.20
	Family	\$0.00	\$111.85	\$111.85	\$242.34	\$247.19	\$0.00	\$2,908.10	\$2,908.10
Delta Dental Plan 1	Single	\$0.00	\$8.41	\$8.41	\$18.22	\$18.59	\$0.00	\$218.66	\$218.66
	Family	\$0.00	\$23.02	\$23.02	\$49.88	\$50.87	\$0.00	\$598.52	\$598.52
Delta Dental Plan 2	Single	\$0.00	\$8.24	\$8.24	\$17.86	\$18.21	\$0.00	\$214.24	\$214.24
	Family	\$0.00	\$21.13	\$21.13	\$45.78	\$46.70	\$0.00	\$549.38	\$549.38
DeltaCare (DMO)	Single	\$0.00	\$8.76	\$8.76	\$18.99	\$19.37	\$0.00	\$227.76	\$227.76
	Family	\$0.00	\$28.53	\$28.53	\$61.81	\$63.05	\$0.00	\$741.78	\$741.78
EyeMed Vision	Single	\$0.00	\$1.76	\$1.76	\$3.81	\$3.89	\$0.00	\$45.76	\$45.76
	Family	\$2.70	\$1.76	\$4.46	\$9.66	\$9.85	\$70.20	\$45.76	\$115.96

\* The amounts include the State's annual contribution of \$1,375 for single or \$2,750 for family to the HSA for active employees.

\*\*The amounts include the State's annual contribution of \$935 for single or \$1,870 for family to the HSA for active employees.